A 71-year-old man was admitted to our hospital with a 6-month history of progressive dyspnea on exertion. He had diabetes mellitus on medications. On physical examination, his pulse rate was 90 bpm and blood pressure was 100/70 mm Hg. A low-frequency diastolic heart murmur was heard at the apex without systolic murmur. Blood chemistry levels were within normal range. The 12-lead ECG showed a sinus rhythm with left atrium (LA) enlargement. Chest X-ray showed no abnormal finding. Transthoracic echocardiography revealed a mobile, pedunculated mass (5.1×3.2 cm) in the LA, which was attached to the interatrial septum (Figure 1 and online-only Data Supplement Movies I, II, and III). The mass was composed of large cystic and small solid parts. This mass showed protrusion into the left ventricle during diastole resulting in obstruction of transmural inflow and severe mitral stenosis. The LA was enlarged, and trivial mitral regurgitation was found. Severe resting pulmonary hypertension and right ventricular dysfunction were observed. On transesophageal echocardiography, the size of the mass was 5.3×3.2 cm, including the distal cystic portion (3.2×2.8 cm; Figure 2 and online-only Data Supplement Movie IV). He underwent open heart surgery for mass removal, and the pedunculated mass was successfully excised from the LA. The mitral valve showed no morphological abnormality. Histopathological examination of the mass revealed that the solid portion was myxoma and the cystic portion was filled with blood (Figures 3 and 4). Postoperative course was uneventful, and the patient was discharged on the eighth day after surgery.

Myxoma is the most common primary cardiac neoplasm, accounting for nearly 50% of benign heart tumors. Typical myxomas are solid and gelatinous in consistency, with smooth or villous surface. Most myxomas appear as round and solid masses without cystic architecture or cavitation. Although several cases of cystic myxomas that had serious
fluid or hemorrhage within the cyst have been reported.\textsuperscript{1,2} Histological examination is usually needed to confirm the diagnosis, especially in cases with a multicystic or multiseptated nature. Differential diagnosis of intracardiac cystic masses should include hydatid cyst, intracardiac varices, and bronchogenic cysts.\textsuperscript{3} In the present case, the cardiac myxoma was yellowish-white, with a large cystic portion that was filled with blood. In this case, bleeding in the myxoma might have suddenly increased the mass size and caused obstruction of mitral inflow leading to his symptom development.\textsuperscript{4}

**Disclosures**

None.

**References**


**Figure 2.** Transesophageal echocardiography. A mass is attached to the interatrial septum.

**Figure 3.** A, Macroscopic external appearance of the myxoma (5×5×3.5 cm in size, 28 g in weight). B, Cut section of the mass shows a large cystic portion filled with blood.

**Figure 4.** Microscopic appearance of the myxoma (Hematoxylin-eosin stained). Typical myxoma cells are arranged in cords or in nest, surrounded by abundant myxoid stroma. (A, magnification ×10; B, magnification ×100).
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